

APPLICATION FOR REGISTRATION



ANSWER ALL QUESTIONS COMPLETELY. INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING. FOR ASSISTANCE YOU MAY CONTACT ANY OF THE TAXPAYER AND VEHICLE SERVICES OFFICES LISTED ON THE BACK.

1. CHECK ANY OF THE FOLLOWING TAX, PERMIT, OR FEE REQUIREMENTS FOR WHICH YOUR BUSINESS IS LIABLE:

*ALCOHOLIC BEVERAGE TAXES: <input type="checkbox"/> Beer Barrelage <input type="checkbox"/> Brand Registration <input type="checkbox"/> *Liquor By The Drink <input type="checkbox"/> Wholesale Beer <input type="checkbox"/> Wholesale Gallonage <input type="checkbox"/> FRANCHISE AND EXCISE TAX	GROSS RECEIPTS TAXES: <input type="checkbox"/> Bottlers <input type="checkbox"/> Mixing Bars <input type="checkbox"/> Pistol Permits <input type="checkbox"/> Gas, Water, Electric Power & Light <input type="checkbox"/> *PETROLEUM TAXES	PRIVILEGE TAXES: <input type="checkbox"/> Auto Rental Surcharge <input type="checkbox"/> **Business Tax <input type="checkbox"/> Bail Bondsmen <input type="checkbox"/> **Litigation Tax <input type="checkbox"/> Professional Privilege Tax <input type="checkbox"/> Realty Transfer and Mortgage Tax	SALES AND USE TAX: <input type="checkbox"/> Sales and Use Tax SEVERANCE TAXES: <input type="checkbox"/> Coal <input type="checkbox"/> Crude Oil/Natural Gas <input type="checkbox"/> Mineral SOLID WASTE TAXES: <input type="checkbox"/> Tire <input type="checkbox"/> Used Oil <input type="checkbox"/> TOBACCO TAX
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*Requires Bond.

TYPE OF BOND: ☐ 1. SURETY ☐ 2. CASH ☐ 3. CERTIFICATE OF DEPOSIT ☐ 4. NONE REQUIRED

**These are administered by the county or city. Contact local officials in your area for registration forms.

2. REASON FOR APPLYING: <input type="checkbox"/> 1. New business <input type="checkbox"/> 2. Additional location <input type="checkbox"/> 3. Purchase of existing business	3. WILL YOUR GROSS SALES EXCEED \$4,800 PER YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO WILL YOUR TAXABLE SERVICES EXCEED \$1,200 PER YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO DO YOU HAVE SUPPLIERS (IN-STATE OR OUT-OF-STATE) WHO DO NOT COLLECT TN. SALES TAX? <input type="checkbox"/> YES <input type="checkbox"/> NO IF ALL THREE OF THE ABOVE ARE "NO", YOU DO NOT NEED A SALES TAX #.
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4a. DATE BUSINESS BEGAN IN TENNESSEE AT THIS LOCATION _____ 4b. FISCAL YR. END _____ / _____ <div style="text-align: center;">MO DAY</div>	5. WILL YOU BE COLLECTING OVER \$200 PER MONTH IN SALES TAX? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. HOW MANY MONTHS OF THE YEAR WILL YOU HAVE SALES AND/OR USE TAX TO REPORT? _____
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7. BUSINESS NAME AND EXACT LOCATION BUSINESS NAME (ATTACH LIST IF NECESSARY FOR ADDITIONAL LOCATIONS) STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER OR RURAL ROUTE NUMBER) CITY STATE ZIP CODE COUNTY	8. BUSINESS MAILING ADDRESS NAME (ENTER CORPORATION NAME, IF APPLICABLE) P.O. BOX, STREET, ROUTE, OR HIGHWAY CITY STATE ZIP CODE
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9. IS THIS BUSINESS LOCATED INSIDE ANY TENNESSEE CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT CITY? _____	10. RECORD STORAGE ADDRESS: STREET, HIGHWAY (DO NOT USE P.O. BOX NUMBER) CITY STATE ZIP CODE	11. BUSINESS TELEPHONE # () AREA CODE FAX #
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12. ENTER YOUR FEDERAL EMPLOYER'S IDENTIFICATION # <div style="border: 1px solid black; display: inline-block; padding: 2px;"> [][][]-[][][][][][][][][] </div>	<input type="checkbox"/> APPLIED FOR <input type="checkbox"/> NOT REQUIRED
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13. TYPE OF OWNERSHIP: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> HUSBAND/WIFE OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> PROFESSIONAL LIMITED LIABILITY COMPANY <input type="checkbox"/> CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PROFESSIONAL CORPORATION <input type="checkbox"/> OTHER NAME OF CORPORATION _____ SEC. OF STATE # _____	14. CURRENT OR PRIOR TAX NUMBERS (SALES TAX, ETC.) _____ / _____ FEIN ACCOUNT NO.
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15. DESCRIBE THE BUSINESS ACTIVITY AT THIS LOCATION, STATING THE MAJOR PRODUCTS AND/OR SERVICES SOLD.

16. A. Are your sales 100% over-the-counter sales? _____ Yes _____ No
 (Note: If you ever have a sale for which you ship or deliver merchandise, do not check "Yes.")

B. If not 100% over-the-counter sales, how many cities or counties in Tennessee, other than the location of your business do you ship or deliver merchandise to in an average month? _____

C. Do you use/have access to: (a) Automated systems _____ Yes (b) Computers _____ Yes (c) Internet _____ Yes?

D. Do you lease tangible personal property in one location for use in another? ____ Yes

E. Do you lease space in a business location to another company? ____ Yes

F. Do you sell at retail? _____ Wholesale? _____ Both? _____

G. If you are a contractor, do you perform contracts in the city or county of your business? ____ Yes ____ No

H. If a contractor, do you install everything you sell? ____ Yes ____ No

Business Phone Number: _____ E-mail address: _____

Business Fax Number: _____ Business Contact Person: _____

ED/EFT 17. DO YOU CURRENTLY FILE YOUR RETURN BY EDI? ☐ YES ☐ NO DO YOU CURRENTLY REMIT PAYMENT BY EFT? ☐ YES ☐ NO

WOULD YOU LIKE TO RECEIVE INFORMATION ABOUT THE FOLLOWING: ☐ EDI ☐ EFT

18. IDENTIFY OWNERS, OFFICERS, OR PARTNERS (ATTACH ADDITIONAL NAMES AND SOCIAL SECURITY NUMBERS ON SEPARATE SHEET).

(1) NAME	HOME TELEPHONE #	SOCIAL SECURITY #
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE ZIP CODE
(2) NAME	HOME TELEPHONE #	SOCIAL SECURITY #
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE ZIP CODE
(3) NAME	HOME TELEPHONE #	SOCIAL SECURITY #
HOME ADDRESS (DO NOT USE P.O. BOX #)	CITY	STATE ZIP CODE
PREVIOUS BUSINESS NAME	PREVIOUS OWNER'S TELEPHONE # ()	STILL IN BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS OWNER'S NAME AND ADDRESS		

19. IF YOU ARE AN OUT-OF-STATE BUSINESS WHO WILL BE DOING BUSINESS IN TENNESSEE, PLEASE ANSWER THE FOLLOWING QUESTION.

DO YOU HAVE A LOCATION OR OFFICE IN TENNESSEE? ☐ YES ☐ NO IF YES, NAME LOCATION:

20. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS APPLICATION MUST BE SIGNED BY THE INDIVIDUAL OWNER, A PARTNER, OR AN OFFICER OF THE CORPORATION) LISTED IN ITEM 18.)

FOR DEPARTMENT USE ONLY

SIGN HERE: _____
OWNER, PARTNER, OR OFFICER (DO NOT PRINT OR USE STAMP)

For additional information, contact the Taxpayer and Vehicle Services Division in one of our Department of Revenue Offices:

Chattanooga (423) 634-6266 Suite 350 State Office Building 540 McCallie Avenue Chattanooga, TN 37402	Jackson (731) 423-5747 Suite 340 Lowell Thomas Building 225 Martin Luther King Blvd. Jackson, TN 38301	Johnson City (423) 854-5321 204 High Point Drive PO Box 2365 Johnson City, TN 37605-2365	Knoxville (865) 594-6100 Room 606 State Office Building 531 Henley Street Knoxville, TN 37901	Memphis (901) 213-1400 3150 Appling Road Bartlett, TN 38133	Nashville (615) 253-0600 3rd Floor Andrew Jackson Building 500 Deaderick Street Nashville, TN 37242
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Tennessee residents can also call our statewide toll free number at 1-800-342-1003. Out-of-state callers must dial (615) 253-0600.